

Exhibit E

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION**

VIRGINIA COALITION FOR IMMIGRANT
RIGHTS, *et al.*,

Plaintiffs,

v.

SUSAN BEALS
*in her official capacity as Virginia Commissioner
of Elections, et al.*,

Defendants.

Case No. 1:24-cv-1778 (PTG/WBP)

UNITED STATES OF AMERICA,

Plaintiff,

v.

COMMONWEALTH OF VIRGINIA, *et al.*,

Defendants.

Case No. 1:24-cv-1807 (PTG/WBP)

DECLARATION OF JUDY BROWN

I, Judy Brown, am employed by the Loudoun County, Virginia, Elections and Voter Registration Office ("Elections Office"). My official title is General Registrar, and I am a custodian of records for the Elections Office. I state that each of the records identified herein by Bates number is a true and correct duplicate of an official record in the custody of the Elections Office:

- a) USA-Loudoun-00001 to USA-Loudoun-00006
- b) USA-Loudoun-00007 to USA-Loudoun-00008

- c) USA-Loudoun-00009 to USA-Loudoun-00023
- d) USA-Loudoun-00024
- e) USA-Loudoun-00025 to USA-Loudoun-00050
- f) USA-Loudoun-00051 to USA-Loudoun-00170
- g) USA-Loudoun-00171 to USA-Loudoun-00186

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 22, 2024


JUDY BROWN



**COMMONWEALTH OF VIRGINIA
AFFIRMATION OF CITIZENSHIP**

§ 24.2-410.1 of the Code of Virginia

**SUBJECT TO PENALTY OF LAW, I DO HEREBY AFFIRM THAT I AM A
CITIZEN OF THE UNITED STATES OF AMERICA**

Jaebryn

SIGNATURE OF VOTER

PRINTED NAME
OF VOTER:

[REDACTED]

Date of birth:

Oct 1, 2004

Current address:

Street/P.O. Box/Apt.#
City/Town/State/Zip

[REDACTED]

Mailing address [if
different]:

Street/P.O. Box/Apt.#
City/Town/State/Zip

Daytime telephone
number:

[REDACTED]

Email address:

**> INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS
FORM IS A FELONY. THE PUNISHMENT IS UP TO TEN YEARS IN PRISON AND
A FINE UP TO \$2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.**


IF YOU ARE A CITIZEN, PLEASE RETURN COMPLETED FORM TO:

Office of Elections
Office of Voter Registration
750 Miller Dr SE Ste 150
Leesburg, VA 20175-7618


Received

SEP 25 2024

Loudoun County Voter Registration

Registration Type			
Voter ID	274860841	Registration Date	
SSN	[REDACTED]	Date of Birth	10/01/2004
Last Name	[REDACTED]	Gender	M
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address	[REDACTED]		
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	[REDACTED]
Military, Overseas, or Address Indeliverable or Homeless	No	Felony conviction or judged mentally incapacitated?	No
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	No
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the Information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature			
Date Submitted	11/8/2023 1:57:38 PM	Transaction #	18196301
		VRA-OVR-2 09/2017	

Virginia Voter Registration Application

Registration Type			
Voter ID		Registration Date	
SSN		Date of Birth	10/01/2004
Last Name		Gender	
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address			
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless	No	Felony conviction or judged mentally incapacitated?	No
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	No
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature			
Date Submitted	11/8/2022 11:21:31 AM	Transaction #	4344692
		VRA-OVR-2 09/2017	

Same Day Registration - Virginia Voter Registration Application

Starred (*) Items are required. If you do not complete all of the items that are marked with *, your application may be denied. (See instructions on reverse side).

1. ☒ YES ☐ NO
 * I am a citizen of the United States of America. * Full social security number [REDACTED] ☐ No SSN was ever issued. * Date of birth 10/01/2004 * Gender M

2. * Last name [REDACTED] Jr. Sr. II III IV (Circle if applicable) ☒ None
 * First name [REDACTED] * Middle name [REDACTED]
 * Residence address (May not be a P.O. Box) [REDACTED] Apt. # [REDACTED]
 * City/Town [REDACTED] * ZIP [REDACTED]
 E-mail [REDACTED] Phone [REDACTED]

3. * Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? ☐ YES ☒ NO If YES, has your right to vote been restored? ☐ YES ☒ NO

4. ☐ I am an active-duty uniformed services member, spouse or dependent or an overseas citizen.
☐ I am providing a mailing address (below) because my residence address is not serviced by the U.S. Postal Service or I am homeless.
☐ I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because I or a household member is/has:
☐ An active, retired law enforcement officer, judge, U.S. or Virginia Attorney General
☐ Attorney. Been granted a court issued protective order.
☐ In fear for personal safety from being threatened or stalked by another person.
☐ A participant in the Virginia Attorney General's Address Confidentiality Program.
☐ Been approved to be a foster parent.

My mailing address (Complete only if you have checked a box in this section)

5. ☐ I am currently registered to vote in another state: _____ (Indicate state of previous registration)

6. ☐ I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.

7. AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.

* Signature [REDACTED] Today's date [REDACTED]

☐ By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 7 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

Virginia Voter Registration Application Receipt

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at www.elections.virginia.gov/registration. If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

[REDACTED]

Name, phone and e-mail of office, group or individual receiving application

DATE RECEIVED
 Date application received

Thank you for applying to vote in Virginia!

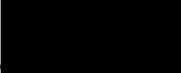
VA-Elections-1 01/19/19



**COMMONWEALTH OF VIRGINIA
AFFIRMATION OF CITIZENSHIP**

§ 24.2-410.1 of the Code of Virginia

**SUBJECT TO PENALTY OF LAW, I DO HEREBY AFFIRM THAT I AM A
CITIZEN OF THE UNITED STATES OF AMERICA**

[Signature] 
SIGNATURE OF VOTER

PRINTED NAME
OF VOTER: 

Date of birth: 04/23/2006

Current address: Street/P.O. Box/Apt.# 

Mailing address [different]: 

Daytime telephone number: 

Email address: 

**> INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS
FORM IS A FELONY. THE PUNISHMENT IS UP TO TEN YEARS IN PRISON AND
A FINE UP TO \$2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.**

IF YOU ARE A CITIZEN, PLEASE RETURN COMPLETED FORM TO:


Office of Elections
Office of Voter Registration
750 Miller Dr SE Ste 150
Leesburg, VA 20175-7618

Received

SEP 26 2024

Loudoun County Voter Registration

Virginia Voter Registration Application

Registration Type			
Voter ID		Registration Date	
SSN		Date of Birth	04/23/2006
Last Name		Gender	F
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address			
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless	No	Felony conviction or judged mentally incapacitated?	No
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	No
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature			
Date Submitted	4/5/2024 2:24:17 PM	Transaction #	18672463
		VRA-OVR-2 09/2017	



**COMMONWEALTH OF VIRGINIA
AFFIRMATION OF CITIZENSHIP**

§ 24.2-410.1 of the Code of Virginia

**SUBJECT TO PENALTY OF LAW, I DO HEREBY AFFIRM THAT I AM A
CITIZEN OF THE UNITED STATES OF AMERICA**

Welfin
SIGNATURE OF VOTER
PRINTED NAME [REDACTED]
OF VOTER: [REDACTED]

Date of birth: 11/01/1989

Current address: [REDACTED] Street/P.O. Box/Apt.# [REDACTED]
City/Town/State/Zip [REDACTED]

Mailing address [if different]: [REDACTED] Street/P.O. Box/Apt.# [REDACTED]
City/Town/State/Zip [REDACTED]

Daytime telephone number: [REDACTED]

Email address [REDACTED]

**> INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS
FORM IS A FELONY. THE PUNISHMENT IS UP TO TEN YEARS IN PRISON AND
A FINE UP TO \$2,500. YOU ALSO LOSE YOUR RIGHT TO VOTE.**

IF YOU ARE A CITIZEN, PLEASE RETURN COMPLETED FORM TO:

Office of Elections
Office of Voter Registration
750 Miller Dr SE Ste 150
Leesburg, VA 20175-7618

Received

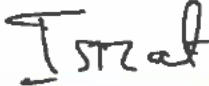
OCT 09 2024

Loudoun County Voter Registration

Received

OCT 10 2024

Virginia Voter Registration Application

Registration Type			
Voter ID		Registration Date	
SSN		Date of Birth	11/01/1989
Last Name		Gender	F
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address			
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless	No	Felony conviction or judged mentally incapacitated?	No
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	No
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature			
Date Submitted	4/19/2024 9:04:53 AM	Transaction #	18717301
		VRA-OVR-2 09/2017	

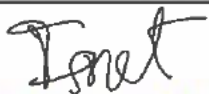
Virginia Voter Registration Application

Registration Type			
Voter ID	516396241	Registration Date	
SN		Date of Birth	11/01/1989
Last Name		Gender	F
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address			
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless	No	Felony conviction or judged mentally incapacitated?	No
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	No
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature	Istiaf		
Date Submitted	8/2/2023 12:16:09 PM	Transaction #	17874964
		VRA-OVR-2 09/2017	

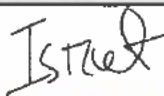
Virginia voter Registration Application

Registration Type	UPDATE		
Voter ID	516396241	Registration Date	
SSN	[REDACTED]	Date of Birth	11/01/1989
Last Name	[REDACTED]	Gender	F
First Name	[REDACTED]	US Citizen	Yes
Middle Name			
Suffix			
Residence Address	[REDACTED]		
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless		Felony conviction or judged mentally incapacitated?	
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature	[Handwritten Signature]		
Date Submitted	10/3/2017 2:38:43 PM	Transaction #	2396153
			VRA-OVR-2 09/2017

Virginia Voter Registration Application

Registration Type	UPDATE		
Voter ID	516396241	Registration Date	
SSN		Date of Birth	
Last Name		Gender	F
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address			
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Undeliverable or Homeless		Felony conviction or judged mentally incapacitated?	
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature			
Date Submitted	6/23/2017 2:27:36 PM	Transaction #	1907962
		VRA-OVR-2 09/2017	


Virginia Voter Registration Application

Registration Type	UPDATE		
Voter ID	516396241	Registration Date	
SSN		Date of Birth	
Last Name		Gender	F
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address			
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless		Felony conviction or judged mentally incapacitated?	
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature			
Date Submitted	6/8/2017 3:22:23 PM	Transaction #	1836445
		VRA-OVR-2 09/2017	

Virginia Voter Registration Application

Registration Type	UPDATE		
Voter ID	516396241	Registration Date	
SSN		Date of Birth	11/01/1989
Last Name		Gender	F
First Name		US Citizen	Yes
Middle Name			
Suffix			
Residence Address			
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless		Felony conviction or judged mentally incapacitated?	
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature	Isred		
Date Submitted	5/9/2017 9:11:01 AM	Transaction #	1694414
			VRA-OVR-2 09/2017

Virginia Voter Registration Application

Registration Type	UPDATE		
Voter ID	516396241	Registration Date	
SSN	[REDACTED]	Date of Birth	11/01/1989
Last Name	[REDACTED]	Gender	F
First Name	[REDACTED]	US Citizen	Yes
Middle Name	[REDACTED]		
Suffix	[REDACTED]		
Residence Address	[REDACTED]		
Locality	LOUDOUN COUNTY		
Mailing Address	Same as Residence		
Email		Phone	
Military, Overseas, or Address Indeliverable or Homeless		Felony conviction or judged mentally incapacitated?	
Protected Voter Code		Right to vote restored?	
Pollworker Interest		Registered in another state?	
I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided for voter registration is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.			
Signature			
Date Submitted	3/3/2017 9:32:25 AM	Transaction #	1439732
			VRA-OVR-2 09/2017

Use this form to register to vote in Virginia or report a change in name or address. If you are already registered with your current name and address, you do not need to re-register.

To register to vote in Virginia, you must:

- Be a United States citizen
- Be a resident of Virginia
- Be 18 years old by the next general election
- Have had your voting rights restored if you have ever been convicted of a felony
- Have had your capacity restored if you have ever been declared mentally incapacitated in a Circuit Court

Identification Requirement

For Registration: If you are registering for the first time by mail, federal law (the Help America Vote Act) requires you to provide identification the first time you vote in a federal election. Please enclose a copy of one of the following documents that shows your name and address with your application: (1) current and valid photo ID, (2) current utility bill, (3) bank statement, (4) government check, (5) paycheck, or (6) other government document. If eligible to vote absentee by mail, your mailed absentee ballot will not be counted unless the required identification has been provided to your local electoral board no later than noon on the Friday following the election.

For Voting: Virginia law requires you also to provide photo identification when you vote in person. An information card or other correspondence confirming your registration does not qualify as photo identification. For information on types of qualified photo identification, or how to obtain a Voter Photo Identification card, please visit <http://elections.virginia.gov/links/voterID> or call toll free 1-800-552-9745 (TTY: 1-800-260-3466).

Starred (*) items are required. If you do not complete all of the items that are marked with *, your application may be denied. Once your local registrar approves your application, you will receive confirmation by mail.

1	*Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	*Will you be at least 18 years of age on or before the next General Election day? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If you checked "NO" in response to either of these questions, do not complete this form.
2	*Social Security Number [REDACTED]	*Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	*Date of Birth MM/DD/YYYY 11/01/1989
	*Last Name [REDACTED]	*First Name [REDACTED]	Daytime Telephone Number <input type="checkbox"/> None <input type="checkbox"/> None *Full Middle or Maiden Name [REDACTED]
3	*Residence (Permanent) Home Address [REDACTED]		
	Apt/Unit/Lot/Rm/Ste [REDACTED]		City/Town [REDACTED]
	Zip Code [REDACTED]		E-mail address [REDACTED]
	If Rural Address or Homeless, please describe where you reside [REDACTED]		
	Mailing Address (if different) Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code) [REDACTED]		Name of City or County of Residence [REDACTED]
4	*Have you ever been convicted of a felony? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO State where convicted If YES, have your voting rights been restored? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when restored?		
5	*Have you ever been judged mentally incapacitated? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, has court restored you to capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when restored?		
6	Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.		
	* Signature (or mark if unable to sign) [Signature]		[REDACTED]
	If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required). [REDACTED]		
	<input type="checkbox"/> Protected Voter Code if applicable. See instructions.		
	<input checked="" type="checkbox"/> I'm interested in being an Election Official on Election Day. Please send me information.		
7	*Previous Voter Registration Information--Commonwealth of Virginia <input checked="" type="checkbox"/> No, I am not currently registered to vote in Virginia or another state.		
	<input type="checkbox"/> Yes, I am registered to vote at another address in Virginia or in another state. If YES, the information below must be completed:		
	Full Name as Registered [REDACTED]	Date of Birth MM/DD/YYYY 11/07/2014	Social Security Number (last 4 digits required) [REDACTED]

Address at which you were previously registered to vote City/Town State Zip Code

USA-Loudoun-00023

City/County/Town of Residence (if applicable). This cancellation information will be sent to the county or city and state you entered above.